HM Prison &
Probation Service

Action Plan Submitted: 12th November 2018

A Response to the HMI Probation Inspection: West Yorkshire Community Rehabilitation Company

Report Published: 31st October 2018

Action plan

INTRODUCTION

Her Majesty's Inspectorate of Probation is the independent inspector of youth offending and probation services in England and Wales. It reports on the effectiveness of probation and youth offending service work with adults and children.

In response to the report, HMPPS/MoJ are required to draft a robust and timely action plan to address the recommendations. The action plan confirms whether recommendations are agreed, partly agreed or not agreed (see categorisations below). Where a recommendation is agreed or partly agreed, the action plans provides specific steps and actions to address these. Actions are clear, measurable, achievable and relevant with the owner and timescale of each step clearly identified. Action plans are published on the HMI Probation website. Progress against the implementation and delivery of the action plans will be monitored by HMPPS/MoJ and reviewed annually by HMI Probation.

Term	Definition	Additional comment
Agreed	All of the recommendation is agreed with, can be achieved and is affordable.	The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (Specific, Measurable, Achievable, Realistic and Time-bound) as possible. Actions should be specific enough to be tracked for progress.
Partly Agreed	Only part of the recommendation is agreed with, is achievable, affordable and will be implemented. This might be because we cannot implement the whole recommendation because of commissioning, policy, operational or affordability reasons.	The response must state clearly which part of the recommendation will be implemented along with SMART actions and tracked for progress. There **must** be an explanation of why we cannot fully agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.
Not Agreed	The recommendation is not agreed and will not be implemented. This might be because of commissioning, policy, operational or affordability reasons.	The response must clearly state the reasons why we have chosen this option. There **must** be an explanation of why we cannot agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.

ACTION PLAN: HMIP REPORT West Yorkshire CRC

1. Rec No	2. Recommendation	3. Agreed/Partly Agreed/Not Agreed	4. Response Action Taken/Planned	5. Responsible / Policy Lead	6. Target Date
1	Better manage the workloads of staff, so that they have the capacity to deliver services as intended.	Partly agreed	**Context Setting/Where are we now**: This recommendation is partly agreed; in order to better achieve positive outcomes with reduced resources we cannot simply recruit new staff to address the HMIP recommendation. We have looked at a new model for service delivery for implementation between now and February 2019 which will better target resources with a focus on risk management and public protection. **What is our Target:** To introduce a new model that retains the principles of Interchange and supports quality service delivery, whilst recognising the need to manage workloads more efficiently and effectively within our current budget and resource constraints. This will include a focus on specific areas of service delivery to enable targeting of resources. **Milestones/ Actions** • Launch of new model: Enabling our Future Strategy by Interserve • Set up Project Board to implement Enabling our Future Strategy at level of Senior Management Team (SMT) • Adopt new Banding and Allocation Tool (BAT) ensuring cases are allocated on level of risk monitored on weekly dashboard • Senior Case Managers (SCM) to hold lower caseloads to provide time and resource for mentoring and supporting Case Managers (CM) monitored by Workload Measurement Tool (WMT) • Mitigate the risk of the increased workloads for CMs by: - Restructuring *Flex Teams* to match staff roles and responsibilities to specific cohorts i.e. resettlement, community, women and service users assessed as lower risk. The focus on specific areas of delivery will enable us to use resources in a more targeted way, prioritising risk and need.	Head of Operations (HOO) and Community Directors (CDs) CEO HOO HOO HOO HOO Head of Interventions	February 2019 Completed Completed November 2018 November 2018 December 2018 December 2018

			- Setting up a new Interventions Team to move away from normality of the dual model, although with clear expectation that staff can move between roles based upon workload need.	HOO	December 2018
			- Setting up new Engagement Centres to see Band 1 cases (low risk/low need) and Post Sentence Supervision (PSS). This will enable the workloads to be more efficiently and effectively managed (Whilst also impacting upon Recommendation 2 – quality/Risk of Serious Harm (ROSH))	HOO	December 2018
			- Designated Enforcement Officers in place within each area, to focus on enforcement as directed by SCM and to improve quality. All to be monitored via the dashboard	Head of Performance (HOP)	December 2018
			- Supported targeting of Service Users who meet referral criteria for specialist services (such as mentoring and support providers), by automated identification to be reviewed by SCM for suitability and impact assessments. Monthly Performance Report to track.	Interchange Managers	November 2018
			• Minimum contact Standards - Team Briefings with full guidance, cribsheet, recording examples and frequently asked questions (FAQ) - Monthly performance reports of all Service Users not seen to be available to managers to check case, understand why and rectify accordingly	Head of Performance HOO	December 2018
			• ICT, Case Management and Enablers of Change - Full implementation of Interlink, the new case management system, designed to simplify recording activities while providing robust case management details	Head of Performance	April 2019
			- Full implementation of Enablers of Change, Interserve's new risk management and review system, designed to ensure ease of use with every entry helping to build sentence plan in a rapid and efficient manner.	HOO	May 2019
2	Improve the quality of work to assess, plan for, manage and review risk of harm.	Agreed	**Context Setting/Where are we now**: This section is clearly linked to Recommendation 3 and improving staff skills and knowledge through training. Both the HMIP Report and analysis by our Integrated Quality Assurance Model (IQAM) indicate that a focus on the CM role and activities will improve the quality of their public protection work. Alongside the improvement of the skills and knowledge of this staff group through training (identified below) this will support improvement. We		

			recognise that we need to take a more targeted approach and to identify which individuals need to be supported and developed. **What is our Target?** To identify and to target individuals where the quality of their practice is poor or in need of improvement. This is in order to improve the quality of assessment, planning, risk management and review by using analysis/results from our assurance tool IQAM where concerns about practice have been identified. This targeted approach will also incorporate a process to hold individuals to account, track progress and to measure what has improved. **Milestones/ Actions** • To identify priority individuals where there are concerns about quality of practice as identified via IQAM assurance, practice observations and performance reports such as number of acceptable absences and enforcement • To target and deliver a comprehensive Risk of Harm training package, using both internal resources and identified external training support • Fully implement observation of practice by Interchange Managers and Quality Officers followed by feedback and professional discussion to facilitate reflective practice based on training needs • Increased mentoring and oversight from SCM's for Domestic Abuse and Safeguarding cases to develop understanding and application of ROSH practice. • Where necessary Performance Improvement Plans (PIP) will be issued and managed via Interchange Managers (IM), and Quality Officer will support specific practice development. • Review processes for Domestic Abuse (DA) and Child Safeguarding checks (CSC) with partner agencies using timeliness monitoring report. • Implement and embed Enhanced Management Oversight (EMO) as part of the new risk of harm guidance shared with staff. This includes management oversight and reflective practice discussions to improve how they assess and manage risk issues within a structured supported framework. • Create Management Information System (MIS) report to monitor EMO. • Minimum Contact Standards (see above) • ICT, Case Management and Enablers of Change (see above) • Monitoring - Create Minimum Standards report on OPeN (Performance Tool) so that all staff are alerted to these appointments and these can be "shadowed"	Quality Officer / Interchange Managers HOO HOO HOO IM HOO HOO HOP IM/ HOP HOP/ HOO Head of Performance	Completed December 2018 January 2019 January 2019 December 2018 November 2018 Completed November 2018 December 2018 May 2019 Completed

			until *AMK* (minimum contact assurance metric) becomes one of the targets. - Create MIS report to monitor enforcement/breach/recall practice including number of Acceptable Absences (AAs)/Management Endorsement, and number of Unacceptable Absences (UAs) with no breach. - A Performance Improvement Tracker (PIP) will be introduced. The Quality Officer can then be involved in working with any individual who needs specific practice support. This will be offered as part of an action plan agreed with the IM/individual.	Head of Performance Head of Performance	November 2018 February 2019
3	Equip all staff with the skills and knowledge needed for work to keep people safe.	Agreed	**Context Setting/Where are we now?** There is considerable overlap between this section and the previous section given Risk Of Harm (ROH) is the most identified need. In line with HMIP comments, we recognise that specific targeting of staff with identified needs is critical to success. **What is our Target?** A Priority Training Plan has now been developed and implementation is underway focusing on Domestic Abuse, ROSH and Spousal Assault Risk Assessment 3 (SARA3) two day training. The Plan is focused on improving staff skills and knowledge of risk of harm to keep actual and potential victims safe. This includes: - Review current induction arrangements for new staff, including sequencing, to ensure that all new staff receive relevant training in good time and in a sequence which supports their development and enables them to carry out their role effectively. - The specific support activities identified in the section above (Recommendation 3) will enable progress in practice development to be monitored and measured. Measurements identified in recommendation 2 including practise supervision assessments, IQAM assessments, and performance monitoring. - SCM led Monthly Practice Development Sessions, covering topics such as professional curiosity, undertaking quality observations, coaching and mentoring skills for SCM/IM (See section above, Recommendation 3) - Levels of mandatory training offered and completed monitored via fortnightly reports/sent to IMs and internal reports to measure percentages offered and completed. External risk of harm training to be identified.	HOO HOO HOO HOO HOO	March 2019 January 2019 December 2018 January 2019 December 2018

| 4 | Better involve individuals in producing and reviewing supervision plans. | Agreed | **Context Setting/Where are we now**: Our staff have been completing a full assessment on Offender Assessment System, (OASys) but then using a separate Word Template that is strengths based for the Initial Sentencing planning. This has been an interim position pending Enablers of Change being implemented. This has led in some instances to a "disconnect" between the assessment, and the goal and objective setting within the Plan, including addressing risk issues. It has also had the unintended consequence of staff completing very full OASys assessments, but then needing to complete a separate Plan with the service user. In addition, we are aware of the need to ensure that staff have a better understanding of using a strength's based approach that can still challenge and hold service users to account. Whilst staff may be reviewing progress against Plans we are aware of the need for improved recording.

What is our Target:

To provide staff with better tools to work more collaboratively with service users to produce and review supervision plans. Enablers of Change (EOC) will be rolled out in Spring 2019. It has been designed to make the assessment process more collaborative. It is also designed in such a way that it directly links to the collaborative production of a Plan. The dynamic nature of the EOC and the Plan within the new case management system will make reviewing sentence plans more systematic.

Milestones/ Actions

• Prior to EOC launch, roll out the Enabling Plan Template across WYCRC This follows a successful pilot in Leeds and assurance by IMs which indicated that the quality of sentence planning objectives had improved. This pilot also received very positive feedback from staff, suggesting that the Enabling Plan template provides a clearer framework to complete these collaboratively with service users.
• Roll out Enablers of Change (EOC)
• Sentence Planning has a strong focus within the ROSH Training
• All staff to complete Plans electronically on laptops with service users in interview rooms unless there are exceptional circumstances. This is so that staff are completing Plans online in readiness for Interlink when Plans will be completed very interactively with service users using graphics and touchscreen. This is monitored by the monthly assurance report
• Enhanced management oversight arrangements will look at Sentence Plans as part of the discussion with the SCM. This will be an opportunity for review | Interchange Managers

HOO
HOO
Interchange Managers

Quality Officers / Interchange Managers | December 2018

Spring 2019
December 2018
December 2018

Completed |

			and discussion and also for checking out if the Plans have been completed collaboratively, including any linked to risk management, and to identify any activity that could better engage the service user with the goals and objectives • Observation of practice by Quality Officers and then IMs (see section 2 above) will also focus on sentencing planning sessions. This will enable CMs to have feedback on their practice and reflect on what could be done differently/improved		
5	Enable team managers to provide effective management oversight of practice.	Agreed	**Context setting. Where are we now?** We are aware that the spread of responsibilities for our Interchange Managers has resulted in conflicting demands on their time and resources and tensions about what pieces of work take priority. In addition, when Management Oversight is taking place, this is not always fully reflected in terms of recording entries on nDelius (national case management system). **What is our target?** To provide IMs with support to enable them to have time and resource to undertake consistent management oversight in a targeted way in terms of relevant staff and EMO where there are risks in need of review. **Milestones/ Actions:** • Recruit Interchange Support Officers (ISOs) to provide support for IMs with buildings, health and safety, and finance. This is to provide IMs with more capacity to focus on: - EMO - Minimum Contact Standards and Management Oversight of AAs and UAs • Reduced workloads for SCMs will provide more capacity for them to undertake more of the mentoring activity with CMs thus allowing IMs to target their interventions with their staff. • Targeted observations by Quality Officer will provide IMs with information and support, in order to target their time and resources towards identified staff needing practice development and Performance Improvement plans • Implement Quality Improvement Framework whereby IMs will undertake observation of practice	HOO Senior Case Managers Quality Officer Interchange Manager	Completed January 2019 Completed February 2019

			Measurements:		
			• MIS report to identify when EMO is taking place and how often • Shadow Report on AMK Minimum Standards Contacts • Analysis of Quality Observation Framework to monitor frequency etc.. by individual IMs • Monitoring that Performance Improvement Plans are in place and on track	HOP HOP Quality Officer Quality Officer	November 2018 November 2018 December 2018
6	Provide sentencers with the information they require.	Agreed	**Context Setting: Where are we now?** We have established a number of different interface meetings in order to provide sentencers with information. These have included interface meetings with National Probation Service (NPS) Court staff, Magistrates and Legal Advisers, Judges and meetings with our Accredited Programmes Treatment Managers and NPS staff to provide information and guidance on referrals to programmes. We have also provided sentencers with written information and newsletters, including Good News stories. However, we acknowledge that without a direct presence in court our contact is compromised. **What is our Target?** To increase sentencer understanding and confidence in the information and services provided by WYCRC. To this end, with the support of NPS we will pilot staff in court. **Milestones/ Actions** • To publish and promote a refreshed Pathways to Success (rate card) Brochure, to inform sentencers of the wide range of accredited and RAR activities available. • Ensure NPS Court representatives and Court Report writers have all the information they require so they can provide timely accurate information. The WYCRC Pilot of putting CRC Staff into Leeds Magistrates Court will support this as well as building the confidence and trust of sentencers. • Communicate and embed the requirements of Probation Instruction 05/2018 – Liaison Arrangements for Providers of Probation Services and the Judiciary, as set out by the Senior Presiding Judge. • Strengthen established interfaces and liaison with sentencers including Joint North East Sentencer Liaison Meetings and action plans. Agree what outcome data both the NPS and WYCRC can share with sentencers.	Community Directors Court Lead HOO HOO HOO HOO	 Completed January 2019 At interface meetings with NPS and sentencers Commence from next Joint NE Sentencer Liaison meeting

			• Quarterly newsletter provided to NPS for use with sentencers providing information about CRC service deliver • Contribute to the North East CRC Sentencer Newsletter which includes a Rate Card Brochure, performance information, new Interventions and Good News story in order to promote the services delivered by the CRC.	Community Director Lead Community Director Lead	November 2018 and Quarterly November 2018 and Quarterly
7	**Interserve should:** Make sure that all buildings and Information and Communication Technology support (both for hardware and software) enable staff to deliver effective services.	Agreed	• WY CRC have an ongoing estates plan which includes the upgrading of building within budgets constraints. • Sopra Steria Group, our external Information Technology contractors, initiated and have now completed, a project to replace all known broken laptops and now have a stock of available laptops so replacements can be provided in a timely manner. • The root cause for loss of service to NDelius, OASys, email and SharePoint systems was identified by Sopra Steria Group, security configuration changes were implemented to address this which has resolved the issue for staff.	Head of Estates Head of ICT	Ongoing Completed Completed
8	**The Ministry of Justice should:** Promptly ensure that the Strategic Partner Gateway, or a suitable alternative, enables Interserve to deploy the case management aspects of its operating model.	Partly Agreed	The Strategic Partner Gateway is in place and the Authority continues to work closely with the CRC's Parent Organisation, Purple Futures, to support the testing of its case management system.	JC, (Technology Lead, Probation Reform Programme)	March 2019